

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36855

State File No. _____

FILED NOV 22 1954

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Cleaton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO b. COUNTY Cleatong

b. CITY OR TOWN Cameron c. LENGTH OF STAY (In this place) 5 days

c. CITY OR TOWN Shoal Township d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Cameron Community Hosp.

e. STREET ADDRESS (If rural, give location) 7 1/2 miles SW of Cameron

3. NAME OF DECEASED
a. (First) Claude b. (Middle) Gelchert c. (Last) Gelchert

4. DATE OF DEATH (Month) (Day) (Year)
11 16 54

5. SEX M 6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Nov 30 - 1890

9. AGE (In years last birthday) 73 10. IF UNDER 1 YEAR Months Days 11. IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and State or Foreign Country) Cleaton Co MO

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Gelchert

13b. MOTHER'S MAIDEN NAME Elizabeth Greider

14. NAME OF HUSBAND OR WIFE Be secret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Bettie Gelchert ADDRESS Cameron

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon

INTERVAL BETWEEN ONSET AND DEATH unknown

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary site not known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 1999

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1950, to Nov 16, 1954, that I last saw the deceased alive on Nov. 16, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. M. Mosler (Degree or title) MD

23b. ADDRESS Cameron, MO

23c. DATE SIGNED 11-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11-18-54

24c. NAME OF CEMETERY OR CREMATORY Grace Land

24d. LOCATION (City, town, or county) (State) Cameron MO

DATE REC'D BY LOCAL REG. 11-19-54

REGISTRAR'S SIGNATURE Winfred W. Mosler

25. FUNERAL DIRECTOR'S SIGNATURE Poland ADDRESS Funeral Home - Cameron

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

DEC 5 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Robert F. Polard

Licensed Embalmer No. *477*
2nd class 3th
P. O. Address... *Cameron*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.